

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585833

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | 1 | | |
| 4 | | 1 | | 1 | | |
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| TOTAL IND. | 2 | | 2 | | | |
| TOTAL DEP. | 38 | ← | 35 | ← | | ← |
| TOTAL CLAIMS | 40 | [REDACTED] | 37 | [REDACTED] | | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |